REMARKS/ARGUMENTS

Applicant responds to each point raised by the Examiner in the December 21, 2005 Office action as follows:

Specification

The specification was objected to because the sections of the specification were not preceded by their respective headings. The specification has now been amended to include the appropriate headings.

Claim Rejections Under 35 U.S.C. § 102(b)

The Examiner rejected claims 1-6, 9, 10, 13, 15 and 16 as being anticipated by Depage (US 887,074), claims 1, 4, 8 and 11 as being anticipated by Miller et al. (US 5,707,394) and claims 1, 7, 8, 10, 12-14 and 17 as being anticipated by Dakin et al. (US 6,368,326).

Claim 1, an independent claim, as amended reads "[a]n apparatus for implant removal comprising an anchoring element attachable to an implant and a coupling member . . . having a length such that the handling section is locatable in a patient's body remotely from the anchoring element to allow retrieval of the implant . . .." (emphasis added).

Depage is directed to a surgical screw-bolt that is "particularly useful in uniting fractured bones or for holding together parts of the body." Depage, ll. 28-30. More specifically, the bolt has a tapered end and a thin pliable wire extending from the tapered end. Depage, ll. 25-28. In use, the wire and the bolt are drawn through a hole in a bone and the bolt is attached to the bone by a nut. Depage, ll. 35-61. "After effecting the connection, the superfluous flexible wire *d* is cut off or removed in any suitable way." Depage, ll. 61-63. Removal of the wire eliminates any mechanism attached to the bolt that could be used to remove the bolt, even if the wire were adapted to be used to remove the bolt.

Accordingly, Depage does not teach or suggest an apparatus for implant removal including a handling section to allow retrieval of an implant. Rather, Depage teaches an apparatus that is designed to remain attached to a bone or other part of the body.

Miller et al. is generally related to suture anchors for attaching soft tissue to bone and is directed to a pre-loaded suture anchor with a rigid extension. Miller et al., col. 1, ll. 1-2, 9-10. In use, the free end of the rod 36 is pushed into the distal tip and through the bore 60 of the driver until the free end emerges from the proximal handle end of the driver bore. Miller et al., col. 5, ll. 40-44. The free end of an anchor assembly is pulled until the anchor is eventually seated in a channel 62 of the bore 60 attached to the driver 50. Miller et al., col. 5, ll. 45-47. The tubing (i.e., the rod 36 and tube 32) is then removed from the suture by cutting it or pulling it off. Miller et al., ll. 47-48.

Miller et al. teaches attaching the pre-loaded suture to bone and tissue and detaching the tubing from the suture once the suture is in place. Thus, Miller teaches a suture anchor that remains in the patient. Accordingly, Miller et al. does not teach or suggest an implant removal device including a handling section to allow retrieval of an implant.

Dakin et al. is directed to an internal cord fixation device, and more specifically to an orthopedic fixation system for fixing a bone to an element which is a bone fragment or a prosthesis. Dakin et al., col. 2, ll. 18-20. When used with an implant (e.g., as in FIGS. 13A and 13B), one end of a cord is attached to internal fastener 90 which is attached to a cortical bone and another end of the cord is attached to the implant at an aperture 86. Dakin et al., col. 11, ll. 32-41. Dakin teaches that "the purpose of the cords 92 is to hold the acetabular prosthesis in place, and, as needed, to repair fractures in the pelvis as well." Dakin et al., col. 11, ll. 49-51. With respect to the looped wire shown in FIG. 14C, the loop is adapted to be threaded through an opening 106 in the bone by a snare wire 112. After the loop is threaded, the snare wire is then removed and discarded. Dakin et al., col. 12, ll. 12-13. Accordingly, Dakin does not disclose an apparatus for implant removal having a handling section that can be located in a patient's body remotely from an anchoring element to allow retrieval of the implant.

Because Depage, Miller et al., and Dakin et al. do not teach an apparatus for implant removal as claimed in claim 1 of the present application, Applicant respectfully requests that the rejection of claim 1 under 35 U.S.C. §102 be reconsidered and withdrawn, and the claim allowed. Furthermore, because claims 2-17 depend from claim 1 and incorporate at least the

same limitations as claim 1, Applicant requests that these claims also be allowed for at least the reasons stated above.

Claim 18, an independent method claim, has been added. Claim 18 reads "the coupling member having a length such that a handling section is locatable in a patient's body remotely from the anchoring element . . ., the method comprising . . . connecting the anchoring element to the implant . . . and locating the handling section remotely from the anchoring element." As noted above, Depage, Miller et al. and Dakin et al. do not teach a handling section to allow removal of an implant. Accordingly, Claim 18, and claims 19 and 20 which depend therefrom, are in condition for allowance and Applicant requests that the claims be allowed.

Respectfully submitted,
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